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Farnam Companies, Inc.
dba Central Life Sciences
301 W. Osborn Road
Phoenix, AZ 85013
Phone: 602/281-3759
Fax: 602/207-2183

January 3, 2011

Document Processing Desk - 6(a)(2)
Office of Pesticide Programs (7504P)
U. S. Environmental Protection Agency
1200 Pennsylvania Avenue N.W.
Washington, DC 20460

RE: November 2011 6(a)(2) Report

Enclosed you will find a Farnam Companies, Inc. FIFRA Section 6(a)(2) Adverse Reactions for Human-Moderate report for the month of November, 2011. There are no Human-Death or Human-Major reports for this period.

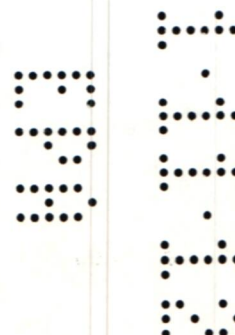
Should you have any questions, please do not hesitate to contact me directly via phone at (602) 281-3759 or via email at lkchavez@central.com.

Sincerely,

A handwritten signature in blue ink that reads "Lorri K. Chavez".

Lorri K. Chavez, MBA, RAC
Director of Regulatory Affairs

Enclosure



Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area.

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Row 1	Reporter Name Lorri Chavez Farnam Companies, Inc.	Submission date 12/28/11	Contact person (if different than reporter) Curt Heyde, DVM	Internal ID Prosar 128090288	
Administrative Data	Address 301 West Osborn Road Phoenix, AZ 85013		Address Pennsylvania		
	Phone # 602-281-3759		Phone # [REDACTED]		
	Incident Status: New <u>X</u> Update <u> </u> If update, include date of original submission.	Location and date of incident. (City, County, State) 11/14/11 Pennsylvania	Date registrant became aware of incident. 11/14/11	Was incident part of larger study? Y <u> </u> N <u>X</u> U <u> </u>	
Row 2	EPA Registration # (Product 1) 3862-177-43591	EPA Registration # (Product 2)	EPA Registration # (Product 3)		
Pesticide(s) Involved	A.I.(s) Ortho-Phenylphenol, ortho-Benzo-para-chlorophenol, para-tertiary-Amylphenol	A.I.(s)	A.I.(s)		
	Product 1 Name Synphenol-3 Synthetic Phenolic Disinfectant	Product 2 Name	Product 3 Name		
	Exposed to concentrate prior to dilution? Y <u> </u> N <u> </u> U <u> </u> N/A <u> </u>	Exposed to concentrate prior to dilution? Y <u> </u> N <u> </u> U <u> </u> N/A <u> </u>	Exposed to concentrate prior to dilution? Y <u> </u> N <u> </u> U <u> </u> N/A <u> </u>		
	Formulation Ortho-Phenylphenol 12.0%, ortho-Benzo-para-chlorophenol 10.0%, para-tertiary-Amylphenol 4.0%	Formulation	Formulation		
Row 3	Evidence label directions were not followed? Y <u> </u> N <u> </u> U <u>X</u> Intentional misuse <u> </u>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop), right-of-way (rail, utility, highway)). Workplace	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/maintenance of application equipment, manufacturing/formulating). Accidental exposure		
Incident Circumstances	Applicator certified PCO? Y <u> </u> N <u>X</u> U <u> </u>				
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) Ocular	Brief description of incident circumstances. Caller is a DVM who reports that his technician got some of the concentrated product in his eye, 10-15 minutes ago. He is currently flushing at the eye wash station. They took a break to perform a dye test, and they believe that he has a corneal ulcer already.			

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area.

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Demographic information: Age <u>27</u> Sex <u>M</u> Occupation (if relevant) Veterinary Technician	Exposure route: Skin ____ Oral ____ Respiratory ____ Unknown ____ Other: Ocular	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? Unknown
If female, pregnant? Y ____ N ____ U ____	Was exposure occupational? Y <u>X</u> N ____ U ____ If yes, days lost due to illness: Unknown	Time between exposure and onset of symptoms: 15 minutes or less	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician PCC, hospital inpatient). Unknown	List signs/symptoms/adverse effects Ocular ulcer	If lab tests were performed, list test names and results (If available, submit reports)	
Exposure data: Amount of pesticide: Unknown Exposure duration: Unknown Victim weight: ____ lb ____ kg <u>X</u> unknown			
Human severity category HC – Moderate			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Product is corrosive and may cause serious eye injury. Confirmed patient has no contacts. Rinse eyes with tepid tap water or normal saline for at least 20 minutes. Ocular exposure to corrosive products often requires lengthy irrigation. Consider calling 911 while the patient's eyes are irrigated if a delay in irrigation is anticipated. Continue irrigation until EMS arrives. Recommend EMS treatment to include continuous irrigation of the patient's eyes during transport to a local emergency department. Do not instill any over-the-counter eye drops into the patient's eyes. Patient should be examined by a HCP immediately following irrigation. Send product label with patient and offer PROSAR phone number to the treating HCP. Follow up call 11/15/11: Office Manager reports that patient has a superficial corneal ulcer. He was given erythromycin and tobradex drops. Follow up call 11/18/11: Left message. Follow up call 11/21/11: Left message with staff member requesting an update. 11/21/11: Office Manager reports the patient is doing well. Symptoms lasted four days. Now he is just on regular eye drops and the ulcer has healed.

Internal ID #
Prosar
128090288